POSITION	::::::::::::::::::::::::::::::::::::::	ID NO.	DATE
FEE DETERMINATION			2/00
O.I.P.E. CLASSIFIER		&	10-3/00
FORMALITY REVIEW	らさ	397	12.27-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

 Rejected	N	Non-elected
Allowed	1	Interference
(Through numeral) Canceled		Appeal
Restricted	0	Objected

		Claim		Date		Claim	Date
Claim	Date	Claim		Jale			
Final Conginal Conginal		Final Original				Final Original	
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7	 	58		+++	+++	108	
8	┤╌┤╶┤╌┤╶┤	59	+++	+++	+-+-	109	
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12	┤╸┤╶┤╶┤╶┤	63	- - -	+++	 	113	
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48		98				148	
49		99		_ _ -		149	
50		100	<u> </u>			150	

If more than 150 claims or 10 actions staple additional sheet here